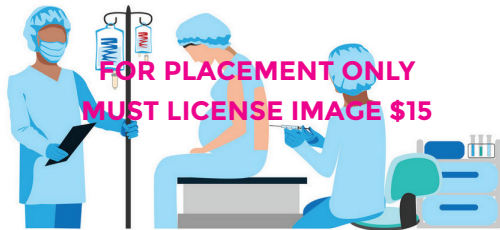


WHAT IS SPINAL ANESTHESIA?

Spinal anesthesia involves delivering medications to the fluid surrounding your spinal cord. Spinal medications will decrease motor and sensory signals to and from your lower body. Spinal anesthesia will make your abdomen, uterus, vagina, and legs numb so you will be comfortable during surgery.



HOW IS THE SPINAL PERFORMED?

- Spinal anesthesia is performed in the operating room.
- You will be positioned sitting on the operating room table with your back curved like the letter "C."
- Numbing medication will be injected into your lower back with a very small needle to make the procedure more comfortable.
- It is normal to feel pressure in your back as the spinal needle is used to locate the correct space.
- After the spinal space is located, medications are injected, and the needle is removed. Nothing will remain in your back.



Every cesarean delivery is unique.

It is important to discuss anesthesia options with your healthcare providers and have your specific questions answered.



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Anesthesia for Cesarean Delivery

Your Questions Answered

Every pregnant patient should have the tools to make informed, empowered decisions.

WHAT ARE THE BENEFITS?

Neuraxial anesthesia (spinal or epidural) allows you to be awake during the cesarean delivery. The spinal medications will ensure you are comfortable so you can participate in the experience of childbirth.

Early skin-to-skin bonding and breastfeeding is facilitated with neuraxial anesthesia. After the baby has been evaluated by the pediatric team, it will be brought to you and/or your support person. Early skin-to-skin contact has been shown to improve parent-infant bonding.

Exposure of your baby to medications is minimized with spinal or epidural anesthesia. Medications given in the spinal or epidural space have lower concentration in your baby than do drugs given through an IV or by inhalation. Neuraxial medications are safe for your baby.

Long-acting pain medications can be given through the spinal or epidural. A small amount of opioid is given in the spinal or epidural to provide 12-18 hours of pain relief after surgery. This small amount of opioid (1/20th of an IV dose) helps minimize the amount of narcotic needed during recovery from surgery.

FREQUENTLY ASKED QUESTIONS

What is the difference between the types of neuraxial anesthesia -- spinal versus epidural?

Both spinal and epidural anesthesia involve placing medication in your lower back, causing numbness and pain relief in your abdomen and legs. A spinal is a single injection of medication into the fluid that surrounds your spinal cord. An epidural is a small tube (like an IV tube) that is placed in the space just outside your spinal cord. Your anesthesia provider will help advise which of these type of anesthesia is best for your delivery.

How long does it take to perform a spinal or epidural procedure?

Placement of a spinal or epidural usually takes 15-20 minutes. It can take longer if you have certain conditions like scoliosis or obesity.

Will I feel anything during my surgery?

Neuraxial anesthesia will block pain sensations during the surgery. It is normal to feel pressure and/or movement. If you have discomfort during your cesarean delivery, your anesthesia provider may give you pain medications through your IV.

Will neuraxial anesthesia affect my ability to breastfeed?

Getting an epidural will not prevent you from breastfeeding your baby.

WHAT ARE THE SIDE EFFECTS?

Blood pressure decrease

Your blood pressure is checked every few minutes after spinal placement. If necessary, you may receive medications to increase your blood pressure.

Nausea

Neuraxial medications may cause nausea. Medications will be given to help relieve the nausea.

Itching

Neuraxial medications may cause mild itching. You may receive IV medications to help relieve the itching, if indicated.

Temporary back soreness

The spinal procedure may cause back soreness. The back discomfort usually resolves in 2-3 days.

WHAT ARE THE RISKS?

**COMMON
1 in 50**

Incomplete or failed pain relief, requiring IV pain medication or general anesthesia

**LESS COMMON
1 in 100**

Severe headache, sometimes requiring an additional epidural procedure to treat

**VERY RARE
1 in 50,000**

Significant nerve damage due to infection, bleeding, or trauma